

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68	1					
19							69		1				
20							70		1				
21							71	1					
22							72		1				
23							73		1				
24							74	1					
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82		1				
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40		1					90						
41			1				91						
42		1					92						
43			1				93						
44			1				94						
45		1					95						
46			1				96						
47			1				97						
48			1				98						
49			1				99						
50							100						
TOTAL IND.	60						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	72						TOTAL CLAIMS						